

FEDERAL PUBLIC DEFENDER

Suite 107, U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415
Phone: (612) 664-5858
Fax: (612) 664-5850

Instructions for Completing CJA 21
AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

Updated January 12, 2006

CJA Attorneys - - Submit the forms directly to FPD Office for first review.

For Advance Authorization

Complete the following Boxes:

- 1-11 - - Complete - it will be the same information that is on your CJA 20
- 12 - - Complete type of authorization requested, including dollar amount and hourly rate of expert. SIGNATURE, date, appointment status, mailing address of attorney and telephone number.
- 13 - - Description and justification for services sought.
- 14 - - Check type of service sought.
- 17 - - Name, address and phone number of expert to be hired.

If Judge approves advance request, voucher will be sent to the Expert. When Expert has completed his/her services, he/she will complete the following Boxes:

- 16a-c - - Under "Amount Claimed" fill in the compensation, travel expenses and other expenses. Total "Amount Claimed" Attach a detailed invoice.
- 17 - - List SSN# or TIN# (Tax Id No.), dates of service, check claim status SIGNATURE and date.

Forward to Attorney for SIGNATURE and date in Box 18. Attorney will then return voucher to FPD Office.

Please contact Lisa or Sandy at the Federal Defender's Office at 612-664-5859 if you have any questions completing expert forms.

ADVANCE APPROVAL (see also 18 USC 3006A(e))

<u>Under \$500</u>	Advance approval not required. Costs are subject to subsequent review by Court. CJA Form 21 must still be completed.
<u>Up to \$1,600</u>	Attorney completes Block 1-14 and forwards to FPD office.
<u>Over \$1,600</u>	Eighth Circuit approval is required before services exceed \$1,600. -- Attach a "Memorandum" form to the previously prepared CJA form (or a copy of the CJA form if the expert already has the original). Be sure to include hourly rate of expert hired. -- Send documents to FPD Office. We will submit them first for the District Court Judge or Magistrate Judge's approval and then to Chief Judge Loken of the Eighth Circuit.

EXPENSES -- experts are subject to the same rules as apply to CJA attorneys.

CAUTIONARY NOTE: If advance approval is NOT obtained, the Court has no obligation to pay for the expert services. Obtain advance approval for expert services.

PRIOR LIMITS APPLY FOR SERVICES WHICH TOOK PLACE PRIOR TO **12/8/04**:

<u>Under \$300</u>	Court approval not required. CJA Form 21 must still be completed.
<u>Up to \$1,000</u>	District Court advance approval required. CJA Form 21.
<u>Over \$1,000</u>	District Court and Circuit Court advance approval required. CJA Form 21 and Advance Approval Memorandum.

Spanish Interpreters

The Court will have an interpreter at in-court hearings.

You may choose an interpreter for meeting with your client at jail, etc.

Remember to use the CJA Form 21 for advance approval.

You may use an interpreter from the Clerk's Office Roster of Interpreters or from other sources.

The certified interpreters have passed the federal certification process.

Recommended rates for Spanish interpreters are:

Federally Certified Spanish interpreters = \$192/half day or \$355/full day.

Prior to 1/1/06 - Federally Certified Spanish interpreters = \$178/half day or \$329/full day.

Language skilled = \$92/half day or \$171/full day.

Prior to 1/1/06 - Language skilled = \$86/half day or \$156/full day.

A contract interpreter cannot charge for any half-day or full-day for which he or she is already receiving payment from another court unit.

Psychiatrists, Psychologists

The *Guide*, Vol VII, Chapter 3, ¶ 3.11 provides that CJA Funds may be requested to pay for psychiatric and related services obtained in accordance with subsection (e) of the CJA upon a determination that the services are “necessary for an adequate defense.” These are “defense” services, where the defendant selects the expert and controls the disclosure of the expert’s report. It is important to note that psychiatrists and related experts may be used in many circumstances in which payment is made from a source other than the CJA appropriation. In these situations the Court or the government selects the expert and persons other than the defendant also have access to the expert’s report. The Department of Justice (DOJ) generally pays for these services.

SOURCE OF PAYMENT (see <i>Guide</i>, Vol VII, Chapter 3, ¶ 3.11 for most current chart).		
Type of Service	CJA	DOJ
1. To determine mental competency to stand trial, under 18 U.S.C. § 4241. 1 a. Examination Costs		Yes, regardless of which party requests, including examination on court's own motion.
1 b. Testimony costs for examiner if called at hearing		Yes, regardless of which party calls.
1 c. Testimony costs for examiner if called at trial.	If witness appears on behalf of defense.	If witness appears on behalf of government.
2. To determine existence of insanity at time of offense, under § 4242. 2 a. Examination costs		Yes
2 b. Testimony costs of examiner if called at trial.		Yes, regardless of which party calls.
3. To determine existence of insanity at time of offense, under CJA subsection (e). 3 a. Examination costs	Yes	
3 b. Testimony costs for examiner if called at trial	Yes	
4. To determine mental condition of hospitalized person found not guilty only by reason of insanity, under § 4243.		
4 a. Examination costs		Yes
4 b. Testimony costs for examiner if called at hearing.		Yes, regardless of which party calls.
5. To determine mental condition of convicted person suffering from mental disease or defect, under § 4244		
5 a. Examination costs		Yes
5 b. Testimony costs for examiner if called at hearing.		Yes, regardless of which party calls.
6. To determine mental condition of imprisoned person under §4245		
a. Examination costs		Yes, including costs of additional examiner selected by imprisoned person in accordance with § 4247(b)
b. Testimony costs		Yes, regardless of which party calls, including additional examiner selected by imprisoned person in accordance with § 4247(b)
7. To determine mental condition of hospitalized person due for release, under § 4246		
a. Examination costs		Yes, including costs of additional examiner selected by hospitalized person in accordance with § 4247(b)
b. Testimony costs for examiner if called at hearing		Yes, regardless of which party calls, including additional examiner selected by hospitalized person in accordance with § 4247(b)
8. Examination of a person in custody as a material witness		Yes, under all circumstances
9. Examination and testimony costs for expert witnesses not appointed under §§ 4241, 4242, 4243, 4244, 4245, 4246	If requested by the defense	If requested by the government, or if appointed as an independent expert on court's own motion under Fed. R. Evid. 706

SAMPLE
M E M O R A N D U M

TO: Honorable James Loken
Chief Circuit Judge
United States Court of Appeals for the Eighth Circuit

FROM: CJA Panel Attorney's name

DATE: October 4, 2004

SUBJECT: Advance Authorization for Investigative, Expert, or
Other Services

It is requested that advance authorization be granted to obtain services in an amount in excess of the maximum allowed under the provisions of subsection (e)(3) of the Criminal Justice Act, 18 U.S.C. § 3006A, as follows:

Case Name & Designation: U.S. v. John Doe
Criminal No. 05-100(JMR/AJB)

Name of Expert or Investigator: Jane Smith

Address: 123 Maple Street
Minneapolis, MN 55415
(612) 000-0000

Type of Expert: Investigator

Reasons for Application:

In order to effectively represent my client in this matter, it is necessary to have the assistance of an investigator throughout the discovery phase, preparation for trial and trial. My client is one of nine defendants charged with 50 counts of drug conspiracy and possession of cocaine with intent to distribute.

This multiple count indictment was filed following a protracted wiretap by the government involving several residences. The government recorded hundreds of telephone conversations as depicted on over 100 cassette tapes and volumes of typed transcriptions. It is necessary for us to review the transcriptions and tapes in order to decipher the fact, or extent, of my client's involvement in the alleged conspiracy.

During the discovery process, it has become clear that there exist a number of individuals who will be used as witnesses by the government at the time of trial. It is imperative to my client's case to learn what, if any, evidence the government witnesses will testify to with respect to his involvement in the alleged conspiracy. I also need an investigator to uncover inconsistent versions of their stories, develop information for cross examination and develop motives for witnesses' testimony.

Advance Approval
US v Doe
Page 2

An investigator is necessary to locate and review additional records that may prove favorable to the defense and follow up with any necessary witness interviews that logically flow from the information obtained in the records.

I believe that the requested amount of \$4,000 (80 hours at \$50/hour) for investigative services in this case is required to effectively represent my client.

Estimated Compensation/Fee \$4,000.00 (including \$1,600 previously approved) (rate = \$50/hour)

I certify that the estimated compensation in excess of the maximum set forth in 18 U.S.C. § 3006A(e)(3) appears necessary to provide fair compensation for services of an unusual character or duration and therefore recommend approval of this advance authorization in the amount of \$_____.

ARTHUR J. BOYLAN
U.S. Magistrate Judge

DATE

Advance authorization is hereby approved in the amount of
\$_____.

JAMES LOKEN
Chief Circuit Judge, United States Court of Appeals

DATE

MEMORANDUM

TO: Honorable James Loken
Chief Circuit Judge
United States Court of Appeals for the Eighth Circuit

FROM: _____

DATE: _____

SUBJECT: Advance Authorization for Investigative, Expert, or
Other Services

It is requested that advance authorization be granted to obtain services in an amount in excess of the maximum allowed under the provisions of subsection (e)(3) of the Criminal Justice Act, 18 U.S.C. § 3006A, as follows:

Case Name & Designation: _____
Criminal No. _____

Name of Expert or Investigator: _____

Address:

Type of Expert: _____

Reasons for Application:

[insert narrative explanation]

Expert Request
US v _____
Page 2

Hourly rate of expert \$ _____

Estimated Compensation/Fee \$ _____

I certify that the estimated compensation in excess of the maximum set forth in 18 U.S.C. § 3006A(e)(3) appears necessary to provide fair compensation for services of an unusual character or duration and therefore recommend approval of this advance authorization in the amount of \$ _____.

U.S. Magistrate or District Judge

DATE

Advance authorization is hereby approved in the amount of
\$ _____.

James Loken
Chief Circuit Judge, United States Court of Appeals

DATE

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF <i>(Case Name)</i>	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellan <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe	10. REPRESENTATION TYPE <i>(See Instructions)</i>
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>			

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

- ☐ Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR
☐ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. *(Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses)*

Signature of Attorney _____

Date _____

☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization
ATTORNEY'S NAME *(First Name, M.I., Last Name, including any suffix)*, AND MAILING ADDRESS _____

Telephone Number: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES *(See Instructions)*

14. TYPE OF SERVICE PROVIDER

- | | |
|---|--|
| 01 <input type="checkbox"/> Investigator | 15 <input type="checkbox"/> Other Medical |
| 02 <input type="checkbox"/> Interpreter/Translator | 16 <input type="checkbox"/> Voice/Audio Analyst |
| 03 <input type="checkbox"/> Psychologist | 17 <input type="checkbox"/> Hair/Fiber Expert |
| 04 <input type="checkbox"/> Psychiatrist | 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) |
| 05 <input type="checkbox"/> Polygraph | 19 <input type="checkbox"/> Paralegal Services |
| 06 <input type="checkbox"/> Documents Examiner | 20 <input type="checkbox"/> Legal Analyst/Consultant |
| 07 <input type="checkbox"/> Fingerprint Analyst | 21 <input type="checkbox"/> Jury Consultant |
| 08 <input type="checkbox"/> Accountant | 22 <input type="checkbox"/> Mitigation Specialist |
| 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) | 23 <input type="checkbox"/> Duplication Services |
| 10 <input type="checkbox"/> Chemist/Toxicologist | 24 <input type="checkbox"/> Other <i>(Specify)</i> |
| 11 <input type="checkbox"/> Ballistics | |
| 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert | |
| 14 <input type="checkbox"/> Pathologist/Medical Examiner | |

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judge or By Order of the Court _____

Date of Order _____

Nunc Pro Tunc Date _____

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

☐ YES ☐ NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

16. SERVICES AND EXPENSES <i>(Attach itemization of services with dates)</i>	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i>			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

17. PAYEE'S NAME AND MAILING ADDRESS

TIN: _____

Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment *(compensation or anything of value)* from any other source for these services.

Signature of Claimant/Payee _____

Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Attorney _____

Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
2 <input type="checkbox"/> Either the cost <i>(excluding expenses)</i> of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost <i>(excluding expenses)</i> exceeds \$300.			
Signature of Presiding Judge		Date	Judge Code
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)			
Signature of Chief Judge, Court of Appeals (or Delegate)		Date	Judge Code

SAMPLE ADVANCE APPROVAL REQUEST

☞ CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 12/03)

1. CIR./DIST./ DIV. CODE MX		2. PERSON REPRESENTED JOHN DOE		VOUCHER NUMBER LEAVE BLANK (FPD WILL ADD)																											
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 05-100 JMR/AJB		5. APPEALS DKT./DEF. NUMBER																											
7. IN CASE/MATTER OF (<i>Case Name</i>) US V DOE		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellan <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe																											
10. REPRESENTATION TYPE (<i>See Instructions</i>) Criminal Case CC																															
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC 922(g)(2) Felon in possession of a firearm																															
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES																															
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation \$ 1,600 at \$50/hour OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (<i>Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses</i>) Signature of Attorney panel attorney signs here Date 00/00/0000 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS Be sure to fill in name and address <div style="text-align: right;">Telephone Number: (612) xxx-xxxx</div>																															
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (<i>See Instructions</i>) Factual investigation for defense purposes.			14. TYPE OF SERVICE PROVIDER <table style="width: 100%;"> <tr> <td>01 <input checked="" type="checkbox"/> Investigator</td> <td>15 <input type="checkbox"/> Other Medical</td> </tr> <tr> <td>02 <input type="checkbox"/> Interpreter/Translator</td> <td>16 <input type="checkbox"/> Voice/Audio Analyst</td> </tr> <tr> <td>03 <input type="checkbox"/> Psychologist</td> <td>17 <input type="checkbox"/> Hair/Fiber Expert</td> </tr> <tr> <td>04 <input type="checkbox"/> Psychiatrist</td> <td>18 <input type="checkbox"/> Computer (Hardware/Software/Systems)</td> </tr> <tr> <td>05 <input type="checkbox"/> Polygraph</td> <td>19 <input type="checkbox"/> Paralegal Services</td> </tr> <tr> <td>06 <input type="checkbox"/> Documents Examiner</td> <td>20 <input type="checkbox"/> Legal Analyst/Consultant</td> </tr> <tr> <td>07 <input type="checkbox"/> Fingerprint Analyst</td> <td>21 <input type="checkbox"/> Jury Consultant</td> </tr> <tr> <td>08 <input type="checkbox"/> Accountant</td> <td>22 <input type="checkbox"/> Mitigation Specialist</td> </tr> <tr> <td>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)</td> <td>23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>)</td> </tr> <tr> <td>10 <input type="checkbox"/> Chemist/Toxicologist</td> <td>24 <input type="checkbox"/> Other (<i>Specify</i>)</td> </tr> <tr> <td>11 <input type="checkbox"/> Ballistics</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Pathologist/Medical Examiner</td> <td></td> </tr> </table>			01 <input checked="" type="checkbox"/> Investigator	15 <input type="checkbox"/> Other Medical	02 <input type="checkbox"/> Interpreter/Translator	16 <input type="checkbox"/> Voice/Audio Analyst	03 <input type="checkbox"/> Psychologist	17 <input type="checkbox"/> Hair/Fiber Expert	04 <input type="checkbox"/> Psychiatrist	18 <input type="checkbox"/> Computer (Hardware/Software/Systems)	05 <input type="checkbox"/> Polygraph	19 <input type="checkbox"/> Paralegal Services	06 <input type="checkbox"/> Documents Examiner	20 <input type="checkbox"/> Legal Analyst/Consultant	07 <input type="checkbox"/> Fingerprint Analyst	21 <input type="checkbox"/> Jury Consultant	08 <input type="checkbox"/> Accountant	22 <input type="checkbox"/> Mitigation Specialist	09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>)	10 <input type="checkbox"/> Chemist/Toxicologist	24 <input type="checkbox"/> Other (<i>Specify</i>)	11 <input type="checkbox"/> Ballistics		13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		14 <input type="checkbox"/> Pathologist/Medical Examiner	
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15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judge or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO																															
			FOR COURT USE ONLY																												
16. SERVICES AND EXPENSES (<i>Attach itemization of services with dates</i>)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT																											
a. Compensation																															
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)																															
c. Other Expenses																															
GRAND TOTALS (CLAIMED AND ADJUSTED):																															
17. PAYEE'S NAME AND MAILING ADDRESS Blue Moon Detective Agency 123 Main Street Anywhere, MN 55415 <div style="text-align: right;">TIN: 41-xxxxxxx Telephone Number: (612) xxx-xxxx</div>																															
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (<i>compensation or anything of value</i>) from any other source for these services. Signature of Claimant/Payee _____ Date _____																															
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SAMPLE FINAL PAYMENT REQUEST

☞ CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 12/03)

1. CIR./DIST./ DIV. CODE MX		2. PERSON REPRESENTED JOHN DOE		VOUCHER NUMBER # WAS OR WILL BE INSERTED BY FPD	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 05-100 JMR/AJB		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (<i>Case Name</i>) US V DOE		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellan <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe	
				10. REPRESENTATION TYPE (<i>See Instructions</i>) Criminal Case CC	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*
18 USC 922(g)(2) Felon in possession of a firearm

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT
 As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:
☒ Authorization to obtain the service. Estimated Compensation \$ **1,600 at \$50/hour** OR
☐ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (*Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses*)

 Signature of Attorney **panel attorney signs here** Date **00/00/0000**
☒ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization
 ATTORNEY'S NAME (*First Name, M.I., Last Name, including any suffix*), AND MAILING ADDRESS

Be sure to fill in name and address

Telephone Number: **(612) xxx-xxxx**

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (<i>See Instructions</i>) Factual investigation for defense purposes.	14. TYPE OF SERVICE PROVIDER <table style="width: 100%;"> <tr> <td style="width: 50%;"> 01 <input checked="" type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner </td> <td style="width: 50%;"> 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>) 24 <input type="checkbox"/> Other (<i>Specify</i>) </td> </tr> </table>	01 <input checked="" type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner	15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>) 24 <input type="checkbox"/> Other (<i>Specify</i>)
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15. COURT ORDER

 Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.
Judge signed here at time of advance approval
 Signature of Presiding Judge or By Order of the Court _____
 Date of Order _____ Nunc Pro Tunc Date _____
 Repayment or partial repayment ordered from the person represented for this service at time of authorization.
☐ YES ☒ NO

		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (<i>Attach itemization of services with dates</i>)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation	785.00		
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)	289.00		
c. Other Expenses	145.00		
GRAND TOTALS (CLAIMED AND ADJUSTED):	1,219.00		

17. PAYEE'S NAME AND MAILING ADDRESS
Blue Moon Detective Agency
123 Main Street
Anywhere, MN 55415

 TIN: **41-xxxxxxx**

 Telephone Number: **(612) xxx-xxxx**

 CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM **mm/dd/yyyy** TO **mm/dd/yyyy**

 CLAIM STATUS ☒ **Final Payment** ☐ Interim Payment Number _____ ☐ Supplemental Payment

 I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (*compensation or anything of value*) from any other source for these services.

 Signature of Claimant/Payee **Expert signs here** Date **mm/dd/yyyy**

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

 Signature of Attorney **Attorney signs here** Date **mm/dd/yyyy**

APPROVED FOR PAYMENT — COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
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2 ☐ Either the cost (*excluding expenses*) of these services does not exceed \$300, or prior authorization was obtained.
☐ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (*excluding expenses*) exceeds \$300.

Signature of Presiding Judge _____
Date _____
Judge Code _____

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
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28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate)

Date

Judge Code